

**EXHIBIT 16-B SUBCONTRACTING REQUEST**

CONTRACTOR NAME				COUNTY	ROUTE	
BUSINESS ADDRESS				CONTRACT NUMBER		
CITY AND STATE			ZIP CODE	FEDERAL-AID PROJECT NUMBER		
A. SUBCONTRACTOR (Name, Business Address, Phone)	B. BID ITEM NUMBER (S)	C. PERCENTAGE OF BID ITEM SUBCONTRACTED	D. SUB LISTED AT BID TIME	E. CERTIFIED DBE	F. DESCRIBE WORK WHEN LESS THAN 100% OF WORK IS SUBCONTRACTED	G. DOLLAR AMOUNT BASED ON THE BID AMOUNT
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		
			Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>		

I certify that:

- The Standard Provisions for labor set forth in the contract apply to the subcontracted work.
- If applicable, Form FHWA- 1273 of the Special Provisions has been inserted in the subcontracts and should be incorporated in any lower-tier subcontract. Written contracts have been executed for the above noted subcontracted work.

Contractor's Signature	Date
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This section is to be completed by the resident engineer.

- |   |  |    |  |
|---|--|----|--|
| 1. Total of bid items   |  | \$ |  |
| 2. Contractor must perform with own forces (line 1 X contract req. %) _____ |  | \$ |  |
| 3. Bid items previously subcontracted (taken from previously approved 16-B) |  | \$ |  |
| 4. Bid items subcontracted (this request)                                   |  | \$ |  |
| 5. Total bid items subcontracted (line 3 plus 4)                            |  | \$ |  |
| 6. Balance of work contractor to perform (line 1 minus 5)                   |  | \$ |  |

Approved	
RESIDENT ENGINEER'S SIGNATURE	DATE

Copy Distribution : Original-Contractor Copy- Resident Engineer Copy- OCR- [smallbusinessadvocate@dot.ca.gov](mailto:smallbusinessadvocate@dot.ca.gov) or fax to (916) 324-1949

**INSTRUCTIONS FOR COMPLETING SUBCONTRACTING REQUEST FORM****All first-tier subcontractors must be included on a subcontractor request.**

Before subcontracting work starts, the contractor will submit an original CEM-1201 for approval according to the Standard Specifications. After approval, the RE returns the original to the contractor and complete the remaining distribution as listed on the bottom of the form.

D. If subcontractor was listed at bid time per the Fair Practices Act, check yes, otherwise check no.

E. If subcontractor is a certified DBE contractor, check yes, otherwise check no.

F and G. When a portion of an item is subcontracted, describe the portion and show the percentage of the bid item and value.

G. When an entire item is subcontracted, show the full bid item value.

**THIS FORM IS NOT TO BE USED FOR SUBSTITUTIONS OF SUBCONTRACTORS AND UDBE, DVBE OR SMALL BUSINESS ENTITIES.**